UPLAND HILLS NURSING & REHABILITATION CENTER

800 COMPASSION WAY, BOX 800

DODGEVILLE 53533 Ownership: Phone: (608) 930-7600 Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 44 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups %		•	57.5 30.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.0	•	12.5	
Day Services	No	Mental Illness (Org./Psy)	22.5	65 - 74	5.0			
Respite Care	Yes	Mental Illness (Other)	2.5	75 - 84	42.5		100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42.5	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0	.0		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	17.5	65 & Over	95.0			
Transportation	No	Cerebrovascular	10.0			RNs	13.4	
Referral Service	No	Diabetes	2.5	Sex	용	LPNs	7.5	
Other Services	No	Respiratory	12.5			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.5	Male	32.5	Aides, & Orderlies	40.4	
Mentally Ill	No			Female	67.5			
Provide Day Programming for			100.0					
Developmentally Disabled	No			l	100.0	I		

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care								
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	3	100.0	285	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	7.5
Skilled Care	0	0.0	0	15	65.2	145	0	0.0	0	4	28.6	147	0	0.0	0	0	0.0	0	19	47.5
Intermediate				8	34.8	126	0	0.0	0	7	50.0	128	0	0.0	0	0	0.0	0	15	37.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	3	21.4	94	0	0.0	0	0	0.0	0	3	7.5
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		23	100.0		0	0.0		14	100.0		0	0.0		0	0.0		40	100.0

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************************* % Needing Total Percent Admissions from: Number of Residents Other Locations Rehabilitation Hospitals 1.4 | 1.4 | Skin Care Other Locations Other Resident Characteristics 10.0 Have Advance 0.0 Medications 17.4 | With Pressure Sores Deaths Have Advance Directives 77.5 Total Number of Discharges | With Rashes (Including Deaths) Receiving Psychoactive Drugs 80.0

	This	Other	Hospital-	All		
	Facility	Based F	acilities	Faci	lties	
	8	%	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	72.7	87.4	0.83	85.1	0.85	
Current Residents from In-County	90.0	84.3	1.07	76.6	1.17	
Admissions from In-County, Still Residing	25.9	15.2	1.71	20.3	1.28	
Admissions/Average Daily Census	253.1	213.3	1.19	133.4	1.90	
Discharges/Average Daily Census	215.6	214.2	1.01	135.3	1.59	
Discharges To Private Residence/Average Daily Census	150.0	112.9	1.33	56.6	2.65	
Residents Receiving Skilled Care	55.0	91.1	0.60	86.3	0.64	
Residents Aged 65 and Older	95.0	91.8	1.03	87.7	1.08	
Title 19 (Medicaid) Funded Residents	57.5	65.1	0.88	67.5	0.85	
Private Pay Funded Residents	35.0	22.6	1.55	21.0	1.66	
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00	
Mentally Ill Residents	25.0	31.3	0.80	33.3	0.75	
General Medical Service Residents	27.5	21.8	1.26	20.5	1.34	
<pre>Impaired ADL (Mean) *</pre>	34.0	48.9	0.70	49.3	0.69	
Psychological Problems	80.0	51.6	1.55	54.0	1.48	
Nursing Care Required (Mean)*	7.8	7.4	1.05	7.2	1.09	